121000065427

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

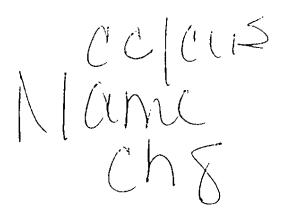
Office Use Only



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COVER LETTER

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tariq Tber		
		Name of Person	
	K & T Fireworks, LLC		
		Firm/Company	
	1712 Cross Pines Drive		
	-	Address	
	Fleming Island, Florida 32	003	
		City/State and Zip Code	
	kandtpyro@gmail.com	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	·	neation)
Tariq Tber		850 321-3853	
Name o	of Person	at () Area Code Daytime	c Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



February 17, 2022

K & T FIREWORKS LLC 1712 CROSS PINES DRIVE FLEMIING ISLAND, FL 32003

SUBJECT: K & T FIREWORKS LLC

Ref. Number: L21000065427

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 922A00003894

RECEIVED

SECRETARY OF STATE TALLAHASSEE. FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & T Fireworks, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2021}{1}$ and assigned Florida document number L21000065427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PyroHub, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1712 Cross Pines Drive Enter new principal offices address, if applicable: Fleming Island, Florida 32003 (Principal office address MUST BE A STREET ADDRESS) 1712 Cross Pines Drive Enter new mailing address, if applicable: Fleming Island, Florida 32003 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	April let 2022		
ective date, if other than the	e date of filing: April 1st, 2022	(optional)	
and date in mined, and date the	at be specific and carmot be prior to data	e of filing or more than 90 days after filing.) Pursuant to 605 tatutory filing requirements, this date will not be list	5.020 led a:
ument's effective date on the E	epartment of State's records.		
cord specifies a delayed effecti- s filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
s med.			
February 2nd	2022		
ed		_	
		representative of a member	

Typed or printed name of signee